

MULTIPLE DENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

AS FILED	AFTER		AFTER		IND.	DEP.
	1st AMENDMENT	2nd AMENDMENT	IND.	DEP.		
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TOTAL IND.	3					
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TOTAL CLAIMS						

TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

BEST AVAILABLE COPY